2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A9600000396 SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS TUCK INTERESTS, LTD. 07 JAN 26 AM 9:28 Principal Place of Business Mailing Address 68 MAMMOTH GROVE ROAD P.O. BOX 231 LAKE WALES, FL 33898-7330 LAKE WALES, FL 33859-0231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01232007 CR2E003 (12/06) Chg-LP Applied For City & State City & State 4. FEI Number -59=3353236-59-3365195 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UPDIKE, LAWRENCE C Street Address (P.O. Box Number is Not Acceptable) **68 MAMMOTH GROVE ROAD** LAKE WALES, FL 33853 Zin Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS TAYLOR, LETTA JEAN NAME STREET ADDRESS P.O. BOX 95, N/A CiTY-ST-ZIP CITY-ST-ZIP MONTREAT, NC 28757 DOCUMENT # 600086799326 01/31/07--01017--025 **50 STREET ADDRESS CLEGG, KATHERINE U NAME STREET ADDRESS P.O. BOX 155, N/A CITY-ST-ZIP CITY-ST-ZIP MONTREAT, NC 28757 DOCUMENT # STREET ADDRESS UPDIKE, JOHN C JR. NAME STREET ADDRESS 1434 N. CROOKED LAKE DRIVE CITY-ST-7IP CITY-ST-ZIP BABSON PARK, FL 33827 DOCUMENT # STREET ADDRESS KNIGHT, PEGGY U STREET ADDRESS 8408 SOUTH ELWOOD AVENUE CITY-ST-7IP CITY-ST-ZIP TULSA, OK 74132 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

John C. Updike, Jr. Mng Gen Ptnr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: _

1/24/07

863-696-1487

Daytime Phone #